

## Screening for Admission into ICF Checklist

Individual's Name: \_\_\_\_\_

Date	Initials	
_____	_____	Receive Request for VIDES from ICF (log on tracking sheet).
_____	_____	Determine if emergency request (completed within 48 hours) or
_____	_____	Nonemergency request (scheduled and completed within 7 days)
_____	_____	Contact referring facility (advise that referral received and determine if there are any upcoming meetings or tours for possible assessment site)
_____	_____	Contact CSB (check to see if there was a VIDES completed in last 90 days, discuss RST referral, and explore location as possible assessment site)
_____	_____	Contact parents/substitute decision maker/individual (discuss referral and explore community resources, advise of RST referral, and determine location for assessment)
_____	_____	Coordinate/confirm meeting with site
_____	_____	Provide reminder to parents/substitute decision maker/individual 24 hours prior to assessment.
_____	_____	VIDES assessment
_____	_____	Provide completed VIDES to facility (w/in 48 hours).
_____	_____	Provide completed VIDES to CSB (w/in 48 hours).
_____	_____	Log completion of VIDES on tracking sheet.
_____	_____	File and keep original VIDES for one year (purge date:_____)

\_\_\_\_\_  
Staff Completing VIDES

\_\_\_\_\_  
Checklist Completion Date